

**United States District Court**

**for**

**District of New Jersey**

**Request for Modifying the Conditions or Term of Supervision  
with Consent of the Offender**

*(Probation Form 49, Waiver of Hearing is Attached)*

Name of Offender: Jose Dominquez

Cr.: 07-449-001  
PACTS Number: 48933

Name of Sentencing Judicial Officer: The Honorable William H. Walls

Date of Original Sentence: 03/17/08

Original Offense: Conspiracy to Import Cocaine

Original Sentence: 37 months imprisonment, 48 months supervised release

Type of Supervision: Supervised Release

Date Supervision Commenced: 02/04/10

**PETITIONING THE COURT**

- ☐ To extend the term of supervision for \_\_\_\_\_ Years, for a total term of \_\_\_\_\_ Years.  
☒ To modify the conditions of supervision as follows. The addition of the following special condition(s):

**MENTAL HEALTH TREATMENT**

You shall undergo treatment in a mental health program approved by the United States Probation Office until discharged by the Court. As necessary, said treatment may also encompass treatment for gambling, domestic violence and/or anger management, as approved by the United States Probation Office, until discharged by the Court. The Probation Officer shall supervise your compliance with this condition.

**CAUSE**

A special condition for anger management/domestic violence will assist the offender with anger issues.

Respectfully submitted,

By: Norma de Armas

Senior U.S. Probation Officer

Date: 10/20/11

**THE COURT ORDERS:**

- ☒ The Modification of Conditions as Noted Above  
☐ The Extension of Supervision as Noted Above  
☐ No Action  
☐ Other

*(Signature)*  
U.S.D.J.  
24 Oct 2011

**UNITED STATES DISTRICT COURT  
FOR THE  
DISTRICT OF NEW JERSEY**

**Waiver of Hearing to Modify Conditions  
of Probation/Supervised Release or Extend Term of Supervision**

I have been advised and understand that I am entitled by law to a hearing and assistance of counsel before any unfavorable change may be made in my Conditions of Probation and Supervised Release or my period of supervision being extended. By 'assistance of counsel,' I understand that I have the right to be represented at the hearing by counsel of my own choosing if I am able to retain counsel. I also understand that I have the right to request the court to appoint counsel to represent me at such a hearing at no cost to myself if I am not able to retain counsel of my own choosing.

I hereby voluntarily waive my statutory right to a hearing and to assistance of counsel. I also agree to the following modification of my Conditions of Probation and Supervised Release or to the proposed extension of my term of supervision:

To modify the conditions of supervision as follows. The addition of the following special condition(s):

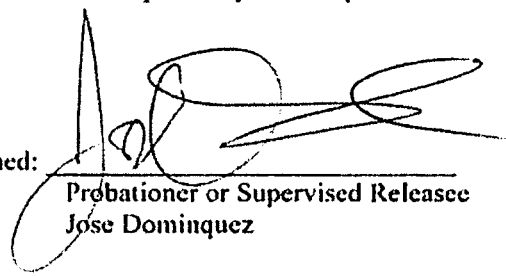
You shall undergo treatment in a mental health program approved by the United States Probation Office until discharged by the Court. As necessary, said treatment may also encompass treatment for gambling, domestic violence and/or anger management, as approved by the United States Probation Office, until discharged by the Court. The Probation Office shall supervise your compliance with this condition,

Witness:



Senior U.S. Probation Officer

Signed:



Probationer or Supervised Releasee  
Jose Dominquez

10-18-11

DATE